Governor's Regional Health Summit

Region 9
Southeastern Louisiana University
Summary Report
2/18/2004

Statistics of the state:

- Ranks 49th in health indicators
- 8th highest for uninsured in US
- 1st in low birth weight
- 5th in neonatal deaths
- 4th in infant mortality
- 6th in obesity
- 48th in the number of women getting mammograms
- High rates of breast and cervical caner in African American women
- 32% of the population lives in rural parishes (national average in 24%).
- 54 out of 64 parishes are either full or partial HPSA.
- Less than 1/3 of physicians are in Primary Care.
- 19% of the citizens were uninsured in 1998.
- Has one of the highest rates of emergency room outpatient visits in the nation.

1. What challenges do the following populations pose in your community?

A. Uninsured Population

- Are seldom able to pay for services provided and these services must therefore, be written off by the health care providers.
- Usually indigent or individuals with low economic status.
- Have no access to basic medical care if not eligible for Medicaid.
- Many not able to get insurance due to current medial diagnosis or prior medical history.
- Need affordable health care for the working poor (most minimum wage employees cannot afford health insurance nor can they afford to pay for health care services).
- Seldom have access to any form of preventive services and therefore, conditions that might be easily treatable and contained, become serious and costly health problems.
- Numbers of uninsured continue to escalate.
- Uninsured individuals with mental illness are, in most cases, dependent on Office of Mental Health Pharmacy program to provide them with necessary psychotropic medication that escalates budget needed to operate the program. Office of Mental Health is critically dependent on drug companies to supplement pharmacy needs.
- Uninsured individuals in many cases present in emergency rooms for routine health care services that escalates cost of providing health care.
- High cost of caring for individuals incarcerated in the state's prison system.
- Many individuals with developmental disabilities are not able to obtain insurance.

B. Medicaid Population

- Low reimbursement rate for care provided. Medicaid fees have been frozen and physicians are currently receiving only 69% of allowable amount.
- Paperwork in tremendous and does not allow for efficient use of human resources.
- Patients cannot find primary care physicians who will accept them. Fewer physicians are accepting Medicaid patients due to low reimbursement rates.
- No after hours care for Medicaid and therefore present at Emergency Room for routine care.
- Clients use emergency room for access to primary care services.
- Primary care physicians are opting out of caring for Medicaid patients.
- Except for a few exceptions, Medicaid does not cover psychological services for children.
- In many cases clients lack transportation for health care services.
- 3 of the 5 parishes in Region 9 have over 24% of the population enrolled in Medicaid, while the national average is 17%

C. Medicare Population

- Decreased reimbursement for services provided.
- No reimbursement if mental illness is primary diagnosis.
- Level to become Medicare eligible for medications is too high.
- Many elderly cannot afford medications prescribed.
- When samples are given in the physician's office, the paperwork can be tremendous.
- In many cases the elderly do not have adequate transportation for health care services especially in rural parishes.
- Lack of preventive health care services.
- Funding issues relative to long term care.
- Lack of compliance with medications.
- Lack of intermediary services to assist with keeping this population at home and out of nursing homes for as long as possible.

D. Privately Insured Population

- Subsidize care for indigent and uninsured thereby increasing the cost of health insurance and amount this population is being required to provide to support health care initiatives. Cost shifting has to occur.
- Insurance coverage is decreasing and very little is offered for mental illness and addictive disorders.
- Costs and deductibles continue to increase at an alarming rate.
- Increasing cost of health care to business and therefore employers are requiring that employees pay more for health care coverage. In many cases employee ends up dropping coverage due to cost.
- Gaps in insurance occur with change in employment, layoff, downsizing, bankruptcy, etc.

- Issues surrounding changing jobs and policies relative to when new insurance becomes effective (usually does not become effective for at least 3 months).
- In many cases, those that have insurance are underinsured for major illness or injury. If they have a major illness, they are many times unable to pay their portion of the cost.
- Insurance costs are too high for many small businesses to offer health plan for employees.
- Need a cultural change in our country as to the issues of access to quality health care in a cost effective manner. It that possible?

2. What are the healthcare needs of the following populations in your community?

A. Children

- Support for back to work programs for parents.
- Child health care facilities in underserved areas.
- A large segment of our children are malnourished.
- State support for community wellness programs.
- Outreach programs for children who currently have no access to health care.
- Pediatric psychiatric care facilities.
- Transportation and/or mobile programs (vans or mobile units) to provide health care.
- School based health centers throughout the region.
- Mental health care facilities and services for children including, residential care and acute psychiatric services.
- Programs for obesity prevention in children.
- Increased immunization programs.
- Coordinated school health programs with CDC, DHH, and DOE.
- Educational programs on community resources available especially to adolescent mothers.
- Comprehensive Community Resource Guide.
- Abstinence based sex education.
- High rate of teenage pregnancies.
- Programs addressing child abuse.

B. People ages 65 and older

- Demand for health care by people over 65 years of age continues to increase.
- Lack of adequate care for indigent elderly.
- Better system for uninsured and those not covered by Medicare in rural farm worker population.
- Transportation infrastructure.
- Develop measures to decrease overuse of prescription medications.
- Increase number of community health units/centers that are closer to population of need.
- Decrease number of frivolous lawsuits especially in the area of long-term care.
- Lack of adequate reimbursement to long term care facilities by Medicaid.
- Need additional health care professionals with education/training in gerontology

- Rising co-pays and deductibles.
- Lack of access to preventive care and prescription drugs.
- Lack of insurance coverage for prescription drugs.
- Need for dental care in the elderly.

C. People with developmental disabilities

- Increased need for medical waivers and need to decrease length of current waiting list for waivers.
- Need for dental care after the age of 21.
- Programs that allow for early intervention.
- Coverage for medical equipment.
- Increased parity of services.
- Increase numbers of developmental centers and/or residential living centers to care for individuals with developmental disabilities.
- Services between school system and health care providers need to be better coordinated.
- Increased number of specialists trained to provide care to individuals with developmental disabilities.
- Increased need for mental health coverage and insurance coverage that does not consider the disability as pre existing conditions.
- Increased need for case management.

D. People with mental illness

- Community Health waiver system needed for mental health.
- Need increased funding for residential placement of mentally ill.
- Increased case management services.
- Increased coverage by insurance companies for mental health diagnosis and treatment.
- Better treatment and management of individuals with dual diagnoses (i.e. Mental illness and addictive disorder).
- Lack of acute care facilities.
- Our region has three of the ten fastest growing parishes in the state, however our resources have not increased to meet the demand in our outpatient clinics or inpatient acute beds.
- Due to cuts in budgets, fewer community mental health services are available and beds have been decreased at acute care facilities.
- Lack of facilities for children.

E. People with addictive disorders

- Extreme need for a medial detoxification unit on the North Shore
- Increased coverage by insurance companies for treatment of addictive disorders, including co-occurring diagnoses.
- Increased need for half-way houses
- Residential care for pregnant mothers with addictive disorders
- School participation in collecting data relative to addictions in children.

- Counseling services for children of parents with addictive disorders.
- Counseling services for pregnant women.
- Educational programs for young children on the issues of addiction.

3. What are the strengths of your community's health care system?

- Region is rapidly growing and is attractive to healthcare providers who are evaluating practice opportunities.
- We have several hospitals that include community, private, and public funding bases.
- Well-established hospital and medical provider network that includes both private and public services as well as general and specialty services.
- Public and private sector are committed to working together to solve problems.
- Strong legislative initiatives.
- Community hospitals and other health care facilities are working to provide more educational and learning opportunities for students in the health care professions.
- Excellent educational system including the University, Technical College System, and hospital based programs to train future health care professionals.
- Sufficient number of tertiary care facilities.
- Well-established specialty hospitals.
- Well-established Kid Med programs.
- Availability of rural tax credit to attract health care workers to the region.
- Number of highly trained health care workers available.
- Tremendous amount of technology available in region.
- Presence of a Center for Developmentally Disabled citizens within the region.
- Strong paramedic network.
- Strong public health care system.
- Support of the community for assisting individuals with developmental disabilities.
- Current health care facilities service large numbers of the uninsured population.
- Good rehabilitation units available for uninsured
- Availability of quality insurance plans.
- Availability of and access to Area Health Education Centers.
- Availability of walk in clinics and diagnostic services.
- Availability of school based centers in some parishes.
- Collaboration between health care facilities in coordinating care given in the region.
- Region has lowest per patient cost in state for healthcare.
- Concern and caring attitude of individuals working in mental health and long term care.
- Nursing home care is available throughout the region.
- Support of volunteer and social service agencies such as St. Vincent DePaul's pharmacy program, food banks, and community programs for the developmentally disabled.

- Strong cadre of volunteers working in both our private and state operated health care facilities.
- Strong support from pharmaceutical companies in providing drugs for the elderly and indigent.

4. Identify any important gaps in your community's health care system.

- Lack of consistent budget for health care.
- Not-for-Profit hospitals are writing off millions of dollars in health care costs each year. For example, a hospital reports collecting less than .50 cents on the dollar for all care provided and on average collecting .04 cents on the dollar for care provided to uninsured and private pay patients.
- Lack of physicians willing to accept Medicaid.
- Inability to provide major trauma care for children due to a lack of pediatric surgeons or a PICU in region 9.
- Declining numbers of physicians specializing in family practice.
- Full or partial HPSA's in Washington, Tangipahoa, St. Helena, and Livingston Parish.
- Lack of access to primary care for the uninsured and individuals covered by Medicaid.
- Patients must travel long distances for care in rural areas and in many cases to find physicians that will accept Medicaid.
- Lack of OB care in rural parishes.
- Poor continuity of care in many cases.
- Need for alternate system of care in providing preventive services.
- Need for more programs providing health education, especially to elderly and uninsured.
- Lack of facilities treating addictive disorders.
- Very little preventive services are offered as there is still, in many cases, lack of reimbursement/insurance coverage for such care.
- Decreased mental health care, lack of acute care facilities for psychiatric patients.
- Cost of health care is increasing much faster than family income.
- Many employers employ individuals at just below the level that benefits would be made available to the employee.
- Level I Trauma care on the North Shore
- In many cases, local health care facilities are not equipped to deal with psychiatric emergencies. Need training for emergency room doctors and nurses relative to care of these patients.
- Non-profit community based health care systems are facing non-collectibility of the uninsured, as well as private pay accounts.
- Lack of parity between OMH, OAD, and ODD.
- Lack of coverage for disability and chronic illnesses. Lack of coverage at prices individuals can afford.
- Lack of specialist to care for individuals with Developmental Disabilities (ie.neurologists, endocrinologists, dentists, and psychiatrists).
- Lack of physicians practicing in rural area.

- The waiting period for individuals with disabilities to receive vocational job training, employment assistance, and assistance with daily living can take years.
- Lack of individuals or collaborative groups submitting grants for federal and private foundation dollars.
- Large amount of care being provided to children by individuals without any pediatric experience.
- DHH policy has not historically supported or created an environment favorable for development and sustaining of community based health centers.
- Comprehensive assisted outpatient law, while expensive to implement, reduces criminalization, homelessness, and prevents further deterioration that has proven to be cost-effective.

5. **Describe changes that could be implemented to improve the health care in your community with specific consideration given to access, quality, and cost of services.**
   - Make education and health care top funding priorities. Stop making Health and Higher Education its only means to balance the budget.
   - Pay providers of Medicaid services reasonable fees.
   - Providers should be reimbursed for uninsured and Medicaid at the same rate as Medicare.
   - Physicians who are Medicare providers should also be mandated to take Medicaid patients. What is currently happening is that many physicians are caring for the 'profitable patients' and are referring the non-profitable patients to the community and/or charity hospitals. Financial viability is critical for community hospitals to meet the needs of the clients they are serving.
   - State needs to intervene and require certificate of need to open future specialty clinics.
   - Increase PCP fee schedule or lose young physicians just entering the profession.
   - Evidenced based care so money will be spent on services proven to be of benefit.
   - Disconnect between medical patients DRG versus per day on LDS.
   - Development of a statewide Trauma Transport Network.
   - Implement a pre-authorization and co-payment system within Medicaid for prescription drugs in order to limit waste and over-utilization of pharmaceutical items.
   - Establish a state supported prescription drug program for those on Medicaid.
   - Increase provision of specialty care within the charity hospital system especially dental and psychiatry.
   - Better utilize Hammond Developmental Center for comprehensive services to developmentally disabled from region 9.
   - Utilize mental health property for housing developments and create neurological research centers and laboratories.
   - Pay community providers the same as other providers.
   - Open federally qualified health clinics to address gaps in access to care.
   - Establishment of School Based Clinics in all parishes within Region 9.
   - Streamline paperwork.

- Establish a state run insurance program
- Place more health care providers in HPSA.
- Provide incentives to become Family Practice Physicians.
- Legislation to cover physicians and other health care providers who volunteer their services for indigent care against medical malpractice law suits.
- Educational loan forgiveness for health care providers.
- Coordination/Consolidation of Regulatory Activities.
- More extensive truancy reduction programs.
- Increased development of initiatives to keep kids in schools.
- Initiate programs to assist individuals/families in accessing assistive technology.
- Legislation should be drafted that prevents physicians from referring patients to entities in which they hold an investment interest
- Establish co-pays for uninsured and Medicaid patients.
- Increase accessibility of community-based services to individuals and families with mental illness.
- Funding for heath care workforce education programs.
- Strengthen current standards for service providers.
- LSU Medical School in New Orleans and Shreveport should have a rural practice tract.
- Provide care for the developmentally disabled in the setting that best meets the needs of the individual that could range from a developmental center to independent community living. Needs are complex and must be determined on an individual basis. Many individuals have compelling medical needs that can best be met by a specialized developmental center such as Hammond Developmental Center.
- Encourage volunteers with reward incentives.
- Funding inadequate for Office of Mental Health due to increased numbers needing services.
- Coordinate services for care of veterans with the Veterans Administration.
- Formal assessment teams within Early Steps so as to not miss co-morbid conditions in children 0-3.
- Tax incentives for quality private sector providers in the community.
- Up date mental health standards.
- Eliminate Corner's office form the OPC.
- Imperative that the State give incentives to people to buy long-term care insurance in order to provide care for the future elderly population. State should pass legislation that gives a state income tax credit to individuals who buy long-term care insurance.
- Utilize secure wings of a long term nursing care facilities to care for individuals in or coming out of mental health crises.
- State produces barriers to nursing facilities providers from participating in the Medicare program by requiring co-insurance that Medicare patients must pay on the 21st day of the stay in a skilled nursing facility. Because most Medicare patients in nursing facilities are Medicaid eligible, the patients are unable to pay their co-payment and the facility is forced to write this amount off as bad debt.

6. **How should state spending be prioritized to support your community in meeting its needs?**
    - Allocate proper funding to increase Medicaid program payment to hospitals' inpatient and outpatient services. Medicaid payment should also be allocated for extended stay and outlier cases. For many years, the Medicaid payments for inpatient services have not been adjusted for market index increases, starting this SFY, the payment rates were even reduced by 0%-5% depending on Medicaid utilization rate of the hospital.
    - Reimburse hospitals full reimbursement costs to cover uncompensated care cost (currently only compensating at approximately 33%) and reimburse all hospitals at the same rate. Each year, the State secures Federal-matching funds through the Federal Financing Participation Program (FPP). The Federal-matching fund is for disproportional share patient (uncompensated care) and for upper payment limit enhancement program. The intent of this program is to pay additional funds to hospitals that treat high percentage of uncompensated care patients and to hospitals that have a high percentage of Medicaid patients. Each year the Federal-matching fund is approximately 2.0-2.5 times the actual expenditure. However, the State compensates only 1/3-third of the actual expenditures to the hospitals. For instance, in SFY 02, the Federal-match distributed $69 M to the State to match the actual spending of $21M. The state expended only $7M to the hospitals that were eligible for the distribution.
    - Fund mandatory programs first, Medicaid provisions of the Social Security Act clearly describe healthcare benefits for the poor. It does not reference social service programs, which were provided for the now defunct Title XX program. Clearly a state and a community would be well served by adequately funding basic health care services. If a state chooses too participate in Medicaid, it must fund certain programs, including inpatient hospital services, nursing facility services and physician services. Those services should be prioritized. Once that is done, the state and communities should look to fund optional and waivered services if and when funds are available.
    - Prioritize by taking care of the sickest of the sick and poorest of the poor first.
    - Develop program of funding for establishment of qualified federal health clinics.
    - Develop programs that provide reimbursement for preventative care.
    - Development of a funding mechanism for uninsured patients even if it is at a level below current Medicaid payments.
    - Appropriately fund services for the disabled, the elderly, and children.
    - Increase access to acute beds to prevent long-term hospitalization.
    - Funding for medication programs for serious mental illness.
    - Funding for outpatient mental health care as well as inpatient facilities.
    - Funding for housing and residential programs for the mentally ill.
    - Increased funding for long term nursing facilities.
    - Support the development of sub-acute care program. Sub-acute facilities in other states provide ventilator care, intensive rehabilitation and other sub-acute care services at a fraction of the cost incurred at acute care hospitals.

- Cost effective transportation models for elderly, mentally ill, and disabled individuals.
- State operated pharmacy.
- State should implement pre-authorization and co-payment for prescription drugs in order to limit waste and over-utilization of pharmaceutical items.
- Develop community clinics throughout the state to administer basic care and outpatient procedures.
- Provide dental care for those individuals who currently have no access to such services.
- Standards for service providers should be strengthened significantly, communicated clearly, applied consistently, regulated by exception/complaint and deemed status for providers who achieve national accreditation should be created.
- Further consolidation of statewide charity healthcare system with re-focus on major education and tertiary care facilities.
- Support workforce efforts to maintain supply of healthcare professionals in the state.
- Mandatory education for relevant health issues.

7. Suggested methods of funding

- State operated and self-funded health plan
- Co-pays for State plan
- Payments from private insurance plans
- Additional funds secured through grant writing at the federal and private foundation level
- Funds generated by changing the current practice of the emergency rooms being used for primary care services.
- Streamline layers of the administrative processes. Individuals believe that there is duplication of monitoring and regulatory activities by multiple state agencies. Consolidation and coordination of services would result in more efficient use of both human and financial resources.
- Source of funding to address the needs of persons on the waiting list of Home and Community-based services would be that DHH should seek CMS approval of the provider fees on waiver services enacted by the Legislature in 1999 and the revenues from the fees should be used to provide additional service slots for persons waiting for waiver services.
- Reorganize the central office within DHH to eliminate redundancy in administration and services in order to reduce administrative overhead and simplify operations.
- Review operation of the regional offices with the intent to determine the effectiveness and necessity of those offices. The regional offices should create a single point of entry for consumers and adequate authority should reside at the regional level in order to quickly procure services for consumers.
- DHH should work closely with the private sector to help meet its downsizing goals and maximize potential saving.

- Consider the fiscal impact of service options in order to conserve taxpayers' funds and serve more persons.
- Attempt to get everyone who is qualified, eligible for Medicaid so that valuable local revenues are not used in place of potential federal funds.

There was also a recommendation that the State establish a study commission to identify existing state revenue received from healthcare businesses and professionals and to make recommendations to stabilize the funding base for Louisiana's Medicaid program.

Over 125 people attended and written input was received from approximately one dozen people who could not attend the regional summit due to conflicting schedules. Those in attendance represented a cross section of the parishes within the region as well as a cross section of health care providers and the general public.